

SERFF Tracking Number: ICCI-128543525 State: Arkansas  
Filing Company: Standard Security Life Insurance Company of New York State Tracking Number:  
Company Tracking Number: SSL GP 607A REVISED RATE FILING 2012-10-01  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
Product Name: SSL GP 607A Revised Rate Filing 2012-10-01  
Project Name/Number: SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

## Filing at a Glance

Company: Standard Security Life Insurance Company of New York

Product Name: SSL GP 607A Revised Rate Filing 2012-10-01 SERFF Tr Num: ICCI-128543525 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Disapproved State Tr Num:

Sub-TOI: H16G.001A Any Size Group - PPO Co Tr Num: SSL GP 607A REVISED RATE FILING 2012-10-01 State Status: Disapproved-Closed

Filing Type: Rate

Reviewer(s): Rosalind Minor  
Author: Brenda Dawson Disposition Date: 07/11/2012  
Date Submitted: 07/05/2012 Disposition Status: Disapproved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: SSL GP 607A Revised Rate Filing 2012-10-01  
Project Number: SSL GP 607A Revised Rate Filing 2012-10-01  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Non Employer Group  
Filing Status Changed: 07/11/2012  
State Status Changed: 07/11/2012  
Created By: Brenda Dawson  
Corresponding Filing Tracking Number:  
PPACA: Not PPACA-Related  
PPACA Notes: null  
Healthcare.gov ID:  
Filing Description:

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Overall Rate Impact:

Deemer Date:  
Submitted By: Brenda Dawson

This is an initial rate filing for the group association major medical insurance policy of Standard Security Life Insurance Company of New York. This policy form and rate filing is not employer business but rather a group association policy sold to individuals. This actuarial memorandum is not intended for any other purpose.

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This rate filing affects Group Major Medical Expense Policy form SSL GP 607A, previously approved by your Department on June 6, 2008 under SERFF Tracking # MADS-128543525.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Standard Security Life Insurance Company of New York. A filing authorization letter is attached to the supporting documents tab.

Effective 10/1/2012, new Rx plans will be introduced. The trend factor changes for medical and Rx from 10/1/2011 to 10/1/2012 effective dates are 3.881 to 4.099 and 5.209 to 5.454 respectively. The overall change in year over year trend from 10/1/2011 to 10/1/2012 is 5.5%. This is the figure being reported for SERFF and HHS.

State Narrative:

## Company and Contact

### Filing Contact Information

Brenda Dawson, Authorized Representative Brendaawson@inscompliance.com  
 3925 East State Street, Suite 200 815-316-6714 [Phone]  
 Rockford, IL 61108 815-986-2355 [FAX]

### Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Standard Security Life Insurance Company of CoCode: 69078 State of Domicile: New York  
 New York  
 485 Madison Avenue, 14th Floor Group Code: 450 Company Type:  
 New York, NY 10022 Group Name: State ID Number:  
 (212) 355-4141 ext. [Phone] FEIN Number: 13-5679267

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Standard Security Life Insurance Company of \$50.00 07/05/2012 60669185  
New York

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	07/11/2012	07/11/2012

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## Disposition

Disposition Date: 07/11/2012

Implementation Date:

Status: Disapproved

HHS Status: HHS Denied

State Review: Reviewed by Actuary

Comment:

Our Department has thoroughly reviewed your request for a rate increase on this submission.

Based upon the lack of credibility for Arkansas and the low loss ratio, we are disapproving your request.

We appreciate your understanding and cooperation.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Standard Security Life Insurance Company of New York	5.500%	5.500%	\$5,422	15	\$98,123	5.500%	5.500%

**Percent Change Approved:**

SERFF Tracking Number:	ICCI-128543525	State:	Arkansas
Filing Company:	Standard Security Life Insurance Company of New York	State Tracking Number:	
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<b>Minimum:</b>	%	<b>Maximum:</b>	%
		<b>Weighted Average:</b>	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Rate Summary Worksheet	Disapproved	Yes
Supporting Document	SSL Authorization Letter 2012	Disapproved	Yes
Rate	Rate sheet	Disapproved	No

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## Rate Information

Rate data applies to filing.

Filing Method: review and approval

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing: NA

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):																											
Standard Security Life Insurance Company of New York	Increase	5.500%	5.500%	\$5,422	15	\$98,123	5.500%	5.500%																											
<table> <tr> <td><b>Product Type:</b></td><td><b>HMO</b></td><td><b>PPO</b></td><td><b>EPO</b></td><td><b>POS</b></td><td><b>HSA</b></td><td><b>HDHP</b></td><td><b>FFS</b></td><td><b>Other</b></td></tr> <tr> <td><b>Covered Lives:</b></td><td></td><td>23</td><td></td><td></td><td></td><td>5</td><td></td><td></td></tr> <tr> <td><b>Policy Holders:</b></td><td></td><td>13</td><td></td><td></td><td></td><td>2</td><td></td><td></td></tr> </table>									<b>Product Type:</b>	<b>HMO</b>	<b>PPO</b>	<b>EPO</b>	<b>POS</b>	<b>HSA</b>	<b>HDHP</b>	<b>FFS</b>	<b>Other</b>	<b>Covered Lives:</b>		23				5			<b>Policy Holders:</b>		13				2		
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## Rate Review Details

### COMPANY:

Company Name:	Standard Security Life Insurance Company of New York
HHS Issuer Id:	15540
Product Names:	Group Major Medical Expense
Trend Factors:	0.45

### FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms:	SSL GP 607A
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### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period:	Annual
Member Months:	403
Benefit Change:	Increase
Percent Change Requested:	Min: 5.5 Max: 5.5 Avg: 5.5

#### PRIOR RATE:

Total Earned Premium:	98,123.00
Total Incurred Claims:	22,312.00
Annual \$:	Min: 77.00 Max: 470.00 Avg: 243.00

#### REQUESTED RATE:

Projected Earned Premium:	103,545.00
Projected Incurred Claims:	64,115.00
Annual \$:	Min: 81.00 Max: 496.00 Avg: 257.00

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Disapprove Rate sheet d 07/11/2012		SSL GP 607A	New		SSL_I - AR - Rate Sheets - 2012-07-03.pdf

**Standard Security Life Insurance Company of New York**  
**IHC Health Solutions**  
**APH & PHP08 Health Plans**  
**Base Rates**

**Base Medical Rates**

Age	Male	Female
18	96.33	123.71
19	96.61	124.43
20	96.93	123.84
21	97.32	123.42
22	97.82	124.69
23	98.46	126.23
24	98.59	128.95
25	98.92	131.88
26	100.21	133.91
27	103.00	137.43
28	106.08	140.87
29	108.08	142.56
30	112.22	144.63
31	116.26	146.45
32	119.17	149.18
33	121.74	151.81
34	124.07	154.47
35	126.48	157.33
36	129.12	160.56
37	132.23	164.35
38	137.47	170.57
39	143.46	174.05
40	150.35	178.15
41	155.28	182.77
42	161.27	187.84
43	168.44	193.38
44	177.03	201.47
45	187.05	208.11
46	198.05	215.25
47	209.92	225.15
48	222.57	233.39
49	235.89	246.87
50	255.01	260.85
51	274.47	274.93
52	294.70	288.89
53	315.41	302.72
54	335.66	310.91
55	351.75	324.84
56	366.44	333.28
57	380.95	342.23
58	389.57	345.78
59	397.10	353.34
60	405.74	361.95
61	414.70	368.03
62	432.57	374.69
63	450.95	381.77
64	469.61	388.94
65*	243.97	201.82
66*	252.54	208.80
67*	260.23	215.10
68*	266.94	220.61
69*	272.80	225.41
70*	278.01	229.59
71*	282.80	233.40
72*	287.38	237.02
73*	291.90	240.15
74*	296.35	243.84
75*	301.02	247.61
1 Child	91.69	91.69
2 Children	184.10	184.10
3+ Children	272.98	272.98

\* Assumes Medicare Primary

**Base Drug Rates**

Age	Male	Female
18	21.58	36.56
19	21.86	37.01
20	22.37	37.35
21	23.05	38.12
22	23.71	39.12
23	24.49	40.25
24	25.21	41.81
25	25.93	43.37
26	26.92	44.60
27	28.30	46.30
28	29.72	47.92
29	30.79	48.91
30	32.40	49.97
31	33.91	50.90
32	35.05	52.07
33	36.03	53.16
34	36.89	54.20
35	37.69	55.26
36	38.50	56.40
37	39.39	57.70
38	40.87	59.81
39	42.57	60.93
40	44.51	62.25
41	45.77	63.74
42	47.24	65.39
43	48.94	67.22
44	50.89	69.95
45	53.08	72.20
46	55.48	74.64
47	58.09	78.05
48	60.93	80.91
49	63.96	85.60
50	68.54	90.46
51	73.17	95.36
52	77.95	100.18
53	82.83	104.92
54	87.58	107.65
55	91.30	112.28
56	94.76	114.93
57	98.26	117.64
58	100.19	118.41
59	101.81	120.45
60	103.67	122.77
61	105.54	124.15
62	109.56	125.69
63	113.69	127.33
64	117.86	128.97
65*	60.95	66.54
66*	62.79	68.45
67*	64.37	70.11
68*	65.66	71.48
69*	66.70	72.60
70*	67.54	73.50
71*	68.25	74.26
72*	68.87	74.93
73*	69.43	75.53
74*	69.99	76.14
75*	70.55	76.74
1 Child	17.95	17.95
2 Children	25.53	25.53
3+ Children	27.74	27.74

\* Assumes Medicare Primary

Plan Factors, Rx Factors & Fees\*

\*Rx Factors apply to Base Drug Rates except for RX SAAOI Factors, which are calculated against Medical Base Rates

Copay Plans

Deluxe

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below

Out of Pocket: In/Out \$2,000/\$6,000 or In/Out \$4,000/\$12,000 or In/Out \$6,000/\$18,000 or In/Out \$10,000/\$30,000

Coinsurance: Multiple options listed below

Office Visit Copay: In/Out \$40/Ded & Coins or In/Out Ded & Coins

\$2,000/\$6,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.864	0.846	0.094
\$1,500	\$1,500	0.743	0.724	0.069
\$2,000	\$2,000	0.618	0.601	0.055
\$2,500	\$2,500	0.552	0.535	0.047
\$3,500	\$3,500	0.465	0.447	0.037
\$4,500	\$4,500	0.424	0.406	0.032
\$5,000	\$5,000	0.399	0.381	0.030
\$5,500	\$5,500	0.389	0.370	0.029
\$7,500	\$7,500	0.332	0.312	0.025
\$10,000	\$10,000	0.281	0.265	0.023
\$15,000	\$15,000	0.221	0.200	0.019
\$20,000	\$20,000	0.178	0.159	0.017
\$25,000	\$25,000	0.160	0.140	0.016

\$6,000/\$18,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.771	0.755	0.083
\$1,500	\$1,500	0.665	0.648	0.061
\$2,000	\$2,000	0.554	0.538	0.049
\$2,500	\$2,500	0.495	0.479	0.042
\$3,500	\$3,500	0.419	0.403	0.033
\$4,500	\$4,500	0.383	0.367	0.029
\$5,000	\$5,000	0.362	0.346	0.027
\$5,500	\$5,500	0.356	0.340	0.026
\$7,500	\$7,500	0.298	0.284	0.023
\$10,000	\$10,000	0.254	0.240	0.021
\$15,000	\$15,000	0.201	0.185	0.018
\$20,000	\$20,000	0.170	0.151	0.016
\$25,000	\$25,000	0.156	0.137	0.015

Rx Options (Generic / Brand) - Rx Base		Factor
Discount / Discount		0.000
\$30 Copay / Discount		0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75		0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75		0.162

Coinsurance In/Out	In Network OOP			
	\$2,000	\$4,000	\$6,000	\$10,000
80%/55%	1.000	1.000	1.000	1.000
70%/50%	0.986	0.964	0.949	0.937
50%/50%	0.959	0.919	0.899	0.883

Optional Benefits		Factor
\$20,000 CY Max on all Outpatient Services		0.900
\$250 Copay per occurrence for Outpatient Surgery		0.985
\$500 Copay per admission for Inpatient services		0.980
\$100,000 CY Maximum Benefit		0.900

Advantage

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.

Out of Pocket: In/Out Med Serv & Supp \$3,000, Inpat Confine & Surg \$6,000 / 3x In

Coinsurance: In/Out 80%/55%

Office Visit Copay: In/Out \$40/Ded & Coins or In/Out Ded & Coins

Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.759	0.743	0.079
\$2,000	\$2,000	0.551	0.535	0.048
\$3,000	\$3,000	0.437	0.421	0.035
\$4,000	\$4,000	0.391	0.375	0.029
\$5,000	\$5,000	0.358	0.341	0.026
\$10,000	\$10,000	0.266	0.248	0.022
\$20,000	\$20,000	0.190	0.172	0.018
\$25,000	\$25,000	0.173	0.155	0.017

Rx Options (Generic / Brand) - Rx Base		Factor
Discount / Discount		0.000
\$30 Copay / Discount		0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75		0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75		0.162

\$4,000/\$12,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.799	0.783	0.087
\$1,500	\$1,500	0.690	0.673	0.064
\$2,000	\$2,000	0.576	0.560	0.051
\$2,500	\$2,500	0.515	0.499	0.044
\$3,500	\$3,500	0.437	0.421	0.035
\$4,500	\$4,500	0.400	0.383	0.030
\$5,000	\$5,000	0.378	0.361	0.028
\$5,500	\$5,500	0.368	0.351	0.027
\$7,500	\$7,500	0.311	0.295	0.024
\$10,000	\$10,000	0.264	0.248	0.022
\$15,000	\$15,000	0.209	0.192	0.019
\$20,000	\$20,000	0.175	0.156	0.017
\$25,000	\$25,000	0.159	0.139	0.016

\$10,000/\$30,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.734	0.718	0.079
\$1,500	\$1,500	0.632	0.617	0.058
\$2,000	\$2,000	0.527	0.512	0.046
\$2,500	\$2,500	0.470	0.455	0.040
\$3,500	\$3,500	0.399	0.384	0.032
\$4,500	\$4,500	0.366	0.350	0.027
\$5,000	\$5,000	0.346	0.330	0.026
\$5,500	\$5,500	0.343	0.327	0.025
\$7,500	\$7,500	0.287	0.272	0.022
\$10,000	\$10,000	0.247	0.231	0.020
\$15,000	\$15,000	0.196	0.178	0.018
\$20,000	\$20,000	0.166	0.148	0.016
\$25,000	\$25,000	0.153	0.134	0.015

Value

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.  
Out of Pocket: In/Out \$6,000 / \$18,000  
Coinsurance: In/Out 80%/55%  
Office Visit Copay: In/Out \$40 / Ded & Coins (max 2 visits per person per year)

Individual Deductible (Family is 3x)			Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor	\$30 Copay / SAAOI
\$2,500	\$2,500	0.429	0.035
\$3,500	\$3,500	0.356	0.026
\$4,500	\$4,500	0.322	0.024
\$5,500	\$5,500	0.293	0.023
\$7,500	\$7,500	0.252	0.021
\$10,000	\$10,000	0.214	0.019
\$20,000	\$20,000	0.157	0.016
\$25,000	\$25,000	0.143	0.016

Rx Options (Generic / Brand) - Rx Base	Factor
Discount / Discount	0.000
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

Copay

Plan Highlights (see schedule of benefits for details):

Deductible: In/Out \$500/\$500 Or \$1,000/\$1,000 (IN or OON Deductibles must be met before ANY copays apply)  
Out of Pocket: Med Serv & Supp In \$0.00 / Out \$10,000; Inpat Confine & Surg In \$4,000 or \$8,000 Out 3x In  
Coinsurance: In/Out 100%/75%  
Office Visit Copay: After deductible then In/Out \$40/\$70 copay

Individual (Family is 3x)			Rx (Generic/Brand) - Medical Base
In-Network Deductible	In-Network OOP*	Plan Factor	\$30 Copay / SAAOI
\$500	\$4,000	0.799	0.084
\$500	\$8,000	0.792	0.082
\$1,000	\$4,000	0.706	0.068
\$1,000	\$8,000	0.701	0.068

\*Only applies to Inpatient Facility Confinement and Surgical Services, Out of Network OOP is 3x In Network

Rx Options (Generic / Brand) - Rx Base	Factor
Discount / Discount	0.000
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

High Deductible Plans

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.  
Out of Pocket: See options listed below (includes deductible)  
Coinsurance: Two options listed below  
Office Visit Copay: Deductible and Coinsurance apply

Individual

Medical Plan Factor				
Coinsurance (In/Out)	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$1,800	\$1,800	\$1,800/\$8,400	0.698
100%/75%	\$2,700	\$2,700	\$2,700/\$9,300	0.579
100%/75%	\$3,500	\$3,500	\$3,500/\$8,500	0.528
100%/75%	\$5,250	\$5,250	\$5,250/\$6,000	0.453
80%/55%	\$1,800	\$1,800	\$5,250/\$12,150	0.548
80%/55%	\$2,700	\$2,700	\$5,250/\$10,350	0.476

Family

Medical Plan Factor				
Coinsurance (In/Out)	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$3,600	\$3,600	\$3,600/\$14,800	0.598
100%/75%	\$5,450	\$5,450	\$5,450/\$14,100	0.477
100%/75%	\$7,000	\$7,000	\$7,000/\$14,000	0.421
100%/75%	\$10,500	\$10,500	\$10,500/\$11,000	0.331
80%/55%	\$3,600	\$3,600	\$10,500/\$24,300	0.453
80%/55%	\$5,450	\$5,450	\$10,500/\$20,600	0.377

Individual

Rx SAAO Plan Factor				
Coinsurance (In/Out)	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$1,800	\$1,800	\$1,800/\$8,400	0.084
100%/75%	\$2,700	\$2,700	\$2,700/\$9,300	0.064
100%/75%	\$3,500	\$3,500	\$3,500/\$8,500	0.057
100%/75%	\$5,250	\$5,250	\$5,250/\$6,000	0.040
80%/55%	\$1,800	\$1,800	\$5,250/\$12,150	0.064
80%/55%	\$2,700	\$2,700	\$5,250/\$10,350	0.051

Family

Rx SAAO Plan Factor				
Coinsurance (In/Out)	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$3,600	\$3,600	\$3,600/\$14,800	0.083
100%/75%	\$5,450	\$5,450	\$5,450/\$14,100	0.062
100%/75%	\$7,000	\$7,000	\$7,000/\$14,000	0.055
100%/75%	\$10,500	\$10,500	\$10,500/\$11,000	0.036
80%/55%	\$3,600	\$3,600	\$10,500/\$24,300	0.061
80%/55%	\$5,450	\$5,450	\$10,500/\$20,600	0.047

Daily Deductible Plans

Premier

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.

Out of Pocket: In/Out \$4,000/\$8,000 Or \$8,000/\$16,000; Family is 2x

Coinurance: In Network 100%/Out of Network 100%

Office Visit Copay: In Network \$40 then 100%/Out of Network SAAOI Or In&Out SAAOI

Deductible		Copay	
In Network	Out of Network	SAAOI	\$40
\$250	\$250	0.694	0.745
\$500	\$500	0.543	0.602
\$1,000	\$1,000	0.424	0.501

In-Network OOP Plan Factors (Out-Network is 2x)			
In Network Deductible	Out of Network Deductible	\$4,000 OOP	\$8,000 OOP
\$250	\$250	1.060	1.020
\$500	\$500	1.099	1.031
\$1,000	\$1,000	1.150	1.050

Rx Options (Generic / Brand) - Rx Base	Factor
Discount / Discount	0.000
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

Mandatory Benefits - All plans

Wellness Benefits - Mandatory Rate for PPACA			
Base Rates	Primary	Spouse	Per Child**
All Plans	\$4.60	\$4.60	\$3.97

\*\* Max 3 Children

Optional Benefits

Supplemental Accident Benefit* (Available on all Deductibles)			
Plan	Member	Spouse	Per Child**
Base Rate	\$5.50	\$5.50	\$5.50
Factors			
\$500 Benefit			1.00
\$1000 Benefit			1.30

\*\* Max 3 Children

Other Factors

Smoking Load	Factor
All Other Under age 45	1.300
All Other Ages 45+	1.450

Preferred Discount Factor	0.900
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Family Discount Factor\*

HDHPs only	0.950
All other plans	0.900

\* Family discount does not apply to families with a smoker

18-month rate guarantee	1.075
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HSA Discount*	0.900
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\*additional discount for account set up

PPO Network Factors

Network adjustment factors ranging from 0.7 to 1.15 may be applied to reflect discounts achieved with various PPO networks.

Expense Factors

An expense factor adjustment ranging from .75 to 1.00 may be applied to reflect the expense levels applicable at the time.

Monthly Life & AD&D Benefits	
Age	Per \$1,000
<30	0.22
30-34	0.25
35-39	0.27
40-44	0.40
45-49	0.60
50-54	0.90
55-59	1.40
60-64	2.00
Dependent Life	
\$1.35 per Unit	

Plan Factors, Rx Factors & Fees\*

\*Rx Factors apply to Base Drug Rates except for RX SAAOI Factors, which are calculated against Medical Base Rates

Copay Plans

Merit

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.  
Out of Pocket (In/Out): \$4,000/\$12,000 or \$6,000/\$18,000 or \$8,000/\$24,000  
Coinsurance (In Network/Out of Network): 80/60% or 60/40% or 50/50%  
Office Visit Copay: No Copay (limit 2 visits per year) or In Network: \$35 Copay; Out of Network: Deductible and Coinsurance (limit 2 visits per year)

\$4,000/\$12,000 OOP Plan FactorsIndividual Deductible (Family is 3x)				Rx Options (Generic/Brand) - Medical Base		
In Network	Out of Network	Plan Factor (\$35 OV Copay)	Plan Factor (OV SAAOI)	Discount / Discount	\$30 Copay / SAAOI	\$15 Copay / SAAOI
\$2,500	\$2,500	0.472	0.451	0.000	0.039	0.041
\$3,500	\$3,500	0.393	0.373	0.000	0.031	0.033
\$4,500	\$4,500	0.356	0.336	0.000	0.026	0.028
\$5,000	\$5,000	0.339	0.316	0.000	0.024	0.026
\$5,500	\$5,500	0.324	0.304	0.000	0.023	0.025
\$7,500	\$7,500	0.281	0.260	0.000	0.019	0.021
\$10,000	\$10,000	0.239	0.219	0.000	0.016	0.017
\$15,000	\$15,000	0.189	0.171	0.000	0.012	0.013

\$6,000/\$18,000 OOP Plan FactorsIndividual Deductible (Family is 3x)				Rx Options (Generic/Brand) - Medical Base		
In Network	Out of Network	Plan Factor (\$35 OV Copay)	Plan Factor (OV SAAOI)	Discount / Discount	\$30 Copay / SAAOI	\$15 Copay / SAAOI
\$2,500	\$2,500	0.454	0.434	0.000	0.038	0.040
\$3,500	\$3,500	0.378	0.359	0.000	0.030	0.032
\$4,500	\$4,500	0.342	0.323	0.000	0.025	0.027
\$5,000	\$5,000	0.323	0.304	0.000	0.023	0.025
\$5,500	\$5,500	0.312	0.292	0.000	0.022	0.024
\$7,500	\$7,500	0.270	0.250	0.000	0.019	0.020
\$10,000	\$10,000	0.230	0.210	0.000	0.015	0.017
\$15,000	\$15,000	0.182	0.164	0.000	0.011	0.013

\$8,000/\$24,000 OOP Plan FactorsIndividual Deductible (Family is 3x)				Rx Options (Generic/Brand) - Medical Base		
In Network	Out of Network	Plan Factor (\$35 OV Copay)	Plan Factor (OV SAAOI)	Discount / Discount	\$30 Copay / SAAOI	\$15 Copay / SAAOI
\$2,500	\$2,500	0.445	0.425	0.000	0.037	0.039
\$3,500	\$3,500	0.370	0.351	0.000	0.029	0.031
\$4,500	\$4,500	0.335	0.316	0.000	0.025	0.027
\$5,000	\$5,000	0.316	0.297	0.000	0.022	0.024
\$5,500	\$5,500	0.305	0.286	0.000	0.022	0.024
\$7,500	\$7,500	0.263	0.244	0.000	0.018	0.020
\$10,000	\$10,000	0.224	0.205	0.000	0.015	0.016
\$15,000	\$15,000	0.177	0.159	0.000	0.011	0.013

Coin	In Network OOP		
	4,000	6,000	8,000
80/60	1.000	1.000	1.000
60/40	0.940	0.910	0.885
50/50	0.921	0.892	0.867

Rx Options (Generic / Brand) - Rx Base	Factor
\$15 Copay / Discount	0.039
\$15 Copay / separate 500 ded then, form 50 and non form 75	0.215
\$15 Copay / separate 1000 ded then, form 50 and non form 75	0.170
\$20 Copay / Discount	0.033
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

High Deductible Plans

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.  
Out of Pocket: See options listed below  
Coinsurance: Two options listed below  
Office Visit Copay: Deductible and Coinsurance apply

Individual

Coinsurance (In/Out)	Medical Plan Factor			
	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$2,000	\$2,000	\$2,000/\$8,500	0.682
100%/75%	\$2,700	\$2,700	\$2,700/\$7,800	0.583
100%/75%	\$3,000	\$3,000	\$3,000/\$7,500	0.550
100%/75%	\$4,000	\$4,000	\$4,000/\$6,500	0.496
100%/75%	\$5,500	\$5,500	\$5,500/\$7,500	0.442
80%/55%	\$2,000	\$2,000	\$5,500/\$9,000	0.549
80%/55%	\$2,700	\$2,700	\$5,500/\$8,300	0.482

Family

Coinsurance (In/Out)	Medical Plan Factor			
	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$4,000	\$4,000	\$4,000/\$17,000	0.579
100%/75%	\$5,450	\$5,450	\$5,450/\$15,550	0.477
100%/75%	\$6,000	\$6,000	\$6,000/\$15,000	0.443
100%/75%	\$8,000	\$8,000	\$8,000/\$13,000	0.381
100%/75%	\$11,000	\$11,000	\$11,000/\$15,000	0.319
80%/55%	\$4,000	\$4,000	\$11,000/\$18,000	0.451
80%/55%	\$5,450	\$5,450	\$11,000/\$16,550	0.382

Individual

Coinsurance (In/Out)	Rx SAAO Plan Factor			
	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$2,000	\$2,000	\$2,000/\$8,500	0.084
100%/75%	\$2,700	\$2,700	\$2,700/\$7,800	0.065
100%/75%	\$3,000	\$3,000	\$3,000/\$7,500	0.059
100%/75%	\$4,000	\$4,000	\$4,000/\$6500	0.048
100%/75%	\$5,500	\$5,500	\$5,500/\$7,500	0.038
80%/55%	\$2,000	\$2,000	\$5,500/\$9,000	0.064
80%/55%	\$2,700	\$2,700	\$5,500/\$8,300	0.051

Family

Coinsurance (In/Out)	Rx SAAO Plan Factor			
	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$4,000	\$4,000	\$4,000/\$17,000	0.084
100%/75%	\$5,450	\$5,450	\$5,450/\$15,550	0.063
100%/75%	\$6,000	\$6,000	\$6,000/\$15,000	0.057
100%/75%	\$8,000	\$8,000	\$8,000/\$13,000	0.045
100%/75%	\$11,000	\$11,000	\$11,000/\$15,000	0.034
80%/55%	\$4,000	\$4,000	\$11,000/\$18,000	0.062
80%/55%	\$5,450	\$5,450	\$11,000/\$16,550	0.048

Plan Factors, Rx Factors & Fees\*

Daily Plan

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.  
Out of Pocket: In Network \$4,000 or \$6,000 or \$8,000 or \$10,000 Out of Network is 2x IN (Family is 3x)  
Coinsurance: In Network 100%/Out of Network 100%  
Office Visit Copay: No Copay OR In Network: \$35 Copay then 100% Out of Network: SAAOI OR In Network: \$45 (2 visit limit, then SAAOI) Out of Network: SAAOI

Deductible (Family is 3x)		Copay			Rx Options (Generic/Brand) Medical Base
In Network	Out of Network	SAAOI	\$35	\$45 (2 visit limit, then no coverage)	Discount / Discount
\$250	\$250	0.678	0.741	0.672	0.000
\$500	\$500	0.530	0.601	0.536	0.000
\$750	\$750	0.446	0.522	0.458	0.000
\$1,000	\$1,000	0.413	0.502	0.434	0.000
\$1,500	\$1,500	0.390	0.474	0.411	0.000

In-Network OOP Plan Factors (Out-Network is 2x)					
In Network Deductible	Out of Network Deductible	\$4,000 OOP	\$6,000 OOP	\$8,000 OOP	\$10,000 OOP
\$250	\$250	1.060	1.040	1.020	1.010
\$500	\$500	1.099	1.065	1.031	1.015
\$750	\$750	1.120	1.080	1.040	1.020
\$1,000	\$1,000	N/A	1.100	1.050	1.025
\$1,500	\$1,500	N/A	1.120	1.060	1.030

Rx Options (Generic / Brand) - Rx Base	Factor
\$15 Copay / Discount	0.039
\$15 Copay / separate 500 ded then, form 50 and non form 75	0.215
\$15 Copay / separate 1000 ded then, form 50 and non form 75	0.170
\$20 Copay / Discount	0.033
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

Mandatory Benefits - All plans

Wellness Benefits - Mandatory Rate for PPACA			
Base Rates	Primary	Spouse	Per Child**
All Plans	\$4.60	\$4.60	\$3.97

\*\* Max 3 Children

Optional Benefits

Supplemental Accident Benefit* (Available on all Deductibles)			
Plan	Member	Spouse	Per Child**
Base Rate	\$5.50	\$5.50	\$5.50
Factors			
\$1,000 Benefit			1.30
\$2,500 Benefit			1.95
\$5,000 Benefit			2.75
\$6,000 Benefit			3.05
\$8,000 Benefit			3.55
\$10,000 Benefit			3.95

\*\* Max 3 Children

Outpatient Services CY Max	Factor
\$20,000 CY Max on all Outpatient Services	0.900

24-hour Occupational Coverage Benefit Rider
For gainfully employed sole proprietors, owners and partners (applicant and/ or spouse) or other individuals who are eligible to opt out of Workers' Comp. and have done so, factor is 1.0

Other Factors

Smoking Load	Factor
All Other Under age 45	1.300
All Other Ages 45+	1.450

Preferred Discount Factor	0.900
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Family Discount Factor*	
HDHPs only	0.950
All other plans	0.900

\* Family discount does not apply to families with a smoker

18-month rate guarantee	1.075
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HSA Discount*	0.900
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\*additional discount for account set up

PPO Network Factors
Network adjustment factors ranging from 0.7 to 1.15 may be applied to reflect discounts achieved with various PPO networks.

Expense Factors
An expense factor adjustment ranging from .75 to 1.00 may be applied to reflect the expense levels applicable at the time.

Monthly Life & AD&D Benefits	
Age	Per \$1,000
<30	0.22
30-34	0.25
35-39	0.27
40-44	0.40
45-49	0.60
50-54	0.90
55-59	1.40
60-64	2.00
Dependent Life	
\$1.35 per Unit	

Standard Security Life Insurance Company of New York  
IHC Health Solutions  
APHP & PHP08 Health Plans  
Trend Factors and Formula

	Annual	Monthly	Formula
Durational Factor	5.00%	0.41%	$(1.0041)^M$

Cases effective before 12/2011: M = Number of months since most recent renewal prior to 12/1/2011, or inception date if no renewal prior to 12/1/2011

Cases effective on or after 12/2011: M = Number of months since effective date

	Annual	Monthly	Formula
Medical Trend	9.90%	0.79%	$3.789 * (1.099)^{(N/12)}$
Rx Trend	9.90%	0.79%	$5.041 * (1.099)^{(N/12)}$

N=difference in months between effective date and December 2011

Trend Factors			
Eff/Ren date	N	Medical	Drug
10/1/2012	10	4.099	5.454
11/1/2012	11	4.131	5.497
12/1/2012	12	4.164	5.540
1/1/2013	13	4.197	5.584
2/1/2013	14	4.230	5.628
3/1/2013	15	4.264	5.672
4/1/2013	16	4.297	5.717
5/1/2013	17	4.331	5.762
6/1/2013	18	4.365	5.808
7/1/2013	19	4.400	5.854
8/1/2013	20	4.435	5.900
9/1/2013	21	4.470	5.947
10/1/2013	22	4.505	5.993
11/1/2013	23	4.540	6.041
12/1/2013	24	4.576	6.089

**Standard Security Life Insurance Company of New York**  
**IHC Health Solutions**  
**APHP & PHP08 Health Plans**  
**State & Area Factors**

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State	Factor
AR	0.529

Zip Code	Medical	Drug
716	0.80	0.90
717	0.80	0.90
718	0.90	0.95
719	0.80	0.90
720	0.90	0.95
721	0.80	0.90
722	0.90	0.95
723	0.90	0.95
724	0.80	0.90
725	0.80	0.90
726	0.80	0.90
727	0.80	0.90
728	0.80	0.90
729	0.80	0.90

SERFF Tracking Number: ICCI-128543525 State: Arkansas  
 Filing Company: Standard Security Life Insurance Company of New York State Tracking Number:  
 Company Tracking Number: SSL GP 607A REVISED RATE FILING 2012-10-01  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
 Product Name: SSL GP 607A Revised Rate Filing 2012-10-01  
 Project Name/Number: SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Health - Actuarial Justification <b>Comments:</b> <b>Attachment:</b> SSL_I - AR - Actuarial Memorandum - 2012-07-03.pdf	Disapproved	07/11/2012

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Rate Summary Worksheet <b>Comments:</b> <b>Attachment:</b> SSL_I - AR - RateSummary - Final - 2012-07-03.xls	Disapproved	07/11/2012

	Item Status:	Status Date:
<b>Satisfied - Item:</b> SSL Authorization Letter 2012 <b>Comments:</b> <b>Attachment:</b> ICC Authorization letter SSL 2012.pdf	Disapproved	07/11/2012



January 1, 2011

Mr. Brian Camling  
President  
Insurance Compliance Consultants, Inc.  
3925 East State Street, Suite 200  
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Standard Security Life Insurance Company of New York regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Standard Security may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rachel Lipari".

Rachel Lipari